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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN			Attorney Do	Docket Number LFS-501		5016		
			First Named Inventor John J. Allen					
			COMPLETE IF KNOWN					
	APPLICATION CFR 1.63)		Application Number		Unassigned			
Declaration Submitted with	OR Initial Filing (Su	ırcharge	Filing Date		Herewith			
	(37 CFR 1.16(e)		Group Art U	nit	Unassigned			
			Examiner N	Examiner Name Unassigned				
As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
LANCING DEVICE WITH TRIGGER MECHANISM FOR PENETRATION DEPTH CONTROL (Title of the Invention)								
the specification of which								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application	Country		Filing Date D/YYYY)	Priority Not Claime		Certified Attack		
Number(s)	Country	(INTEND	<i>ש</i> וווו)	NOT CIAIME	iu	YES	NO	
Additional foreign applic	cation numbers are liste	a on a suppl	remental priori	ty data sheet P	10/SB/02l	3 attache	a hereto:	

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as							
the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
Application Serial No.	Filing Date	Status					
		Patented Patented Patented					
I hereby appoint:							
Practitioners at Customer Number	Place Customer Number Bar Code Label Here						
Practitioner(s) named below:  Name  Mayumi Maeda  Registration Number  40,075							
as my/our attormey(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Address all telephone calls to Mayumi Maeda at telephone number (408) 956-4790.							
Customer Number  Direct all correspondence to:							
Name:							
Address:							
Address:							
City:	State:	ZIP					
Country	Telephone:	Fax:					

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the lik so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) John J or Surname Allen inventor's 30 OCT -2003 Signature Date Residence: City Mendota Heights State MN **Country** US **Citizenship**US Mailing Address 1002 Oxford Court City **ZIP** 55118 Mendota Heights State MN Country US I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor **Given Name Family Name** (first and middle [if any]) or Surname Inventor's Signature Date State Residence: City Country Citizenship **Mailing Address** City State ZIP Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor **Given Name Family Name** (first and middle [if any]) or Surname Inventor's Signature Date Residence: City State Country Citizenship **Mailing Address** City State ZIP Country